PRINTED: 08/11/2016

SIATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	/YOU A 20 11 TUTO	FACULT		APPRO\
ᄉᠬ᠐ᅷᅜᄉᆙ	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY	
		1	A. DOILDING:		COM	PLETED
		TN7508	B. WING			
NAME OF PROMPED OR SUPPLIES					08/10/2016	
		OHEELA	DDRESS, CITY, S	TATE, ZIP CODE		<del></del> _
ENNES	SEE VETERANS HO	ME PO BOX				
(X4) ID	SUMMARY ST	ATEMENT OF DEPLOISAGE	ESBORO, TN			
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5)
						COMPLE DATE
11.000				DEFICIENCY)	<u>-</u>	
N 000	Initial Comments		N 000			<del> </del>
	A Licensure survey and complaint investigation		1			:
ļ	(#38148, #39183 =	and complaint investigation	1			
	(#38148, #39163, and #39364) was conducted on 8/816 through 8/10/16, at Tennessee Veterans Home. No deficiencies were cited in relation to		1			
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	the complaints unde	the complaints under Chapter 1200-08-06				
	Standards For Nursing Homes.				i	
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·		SUPPLIER REPRESENTATIVE'S SIGNAT	URE 2	TITLE	//81	DATE
ORM		- Men IV	anlen	administrator	Q.	) ( / -
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